



UNIVERSITY OF ARKANSAS

DALE BUMPERS COLLEGE OF AGRICULTURAL, FOOD & LIFE SCIENCES

Term **Description of Special Problems** Requested Date

Subject Catalog Number Section Hours Department Instructor's Name Instructor's ID

Session Type UAConnect Number Student's Name College Student's ID

Description of Special Problem:

Method of Evaluation of Student Progress and Assignment of Grades:

Student Signature _____

Date _____

Instructor Signature _____

Date _____

Department Head Signature _____

Date _____

Dean's Office Approval _____

Date _____

Please return this form to the Bumpers College Dean's Office (AFLS E108) prior to the start of the requested term.

Received By:

Date:

Dean's Office Use Only
Processed By:
Date: